



**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective December 8, 2004   |  |   |  |  |  |                               |     |                     | 10/534313              |        |                     |                        |
|--|--|---|--|--|--|-------------------------------|-----|---------------------|------------------------|--------|---------------------|------------------------|
|  |  | CLAIMS A                                  | AS FILED -                                 |  |  |                               |     | SMALL ENT           | TITY                   | OR     | OTHER<br>SMALL E    |                        |
| _  | NATIONAL (                                     |   | (Columi                                    | n 1)   | (                                      | Column 2)                     | 1 1 |                     |                        | )<br>1 | SWALL D             | י אוואי                |
| U.S. NATIONAL STAGE FEES   |  |   | ļ  |  |  |                               |     | RATE                | FEE                    |        | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                        |  | LARG                                   | SE.ENT. = \$ 300              |     | BASIC FEE           | 157)                   | OR     | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | (4) = \$50                                 | fies PCT Article 33(1)-<br>4) = \$50 / \$100 |  | her situations = 100 / \$ 200 |     | EXAM. FEE           | 50                     |        | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ıntries =                                    | All other situations = \$ 250 / \$ 500 |                               |     | SEARCH FEE          | 50                     |        | SEARCH FEE          | <u>·</u>               |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu                                       | us 100 =                                     | / 50 =                                 |                               |     | X \$ 125 =          |                        |        | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | // minus 20 = .                            |  |  |                               |     | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | # m  | inus 3 =                                     | * /                                    |                               |     | X \$ 100 =          | 100                    | OR     | X \$ 200 =          |                        |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRI                            | ESENT                                      |  |  |                               |     | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |  |  |                               | _   | TOTAL               | 35L                    | OR     | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |  |  |  |                               | _   | SMALL E             | NTITY                  | OR     | OTHER SMALL E       |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVK<br>PAID                 | BER<br>DUSLY                           | PRESENT<br>EXTRA              |     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **   |  | =                             |     | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
|  | independent                                    | *   | Minus                                      | ***  |  | =                             |     | X \$ 100 =          |                        | OR     | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |  |                               |     | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
| ·  |  |   |  |  |  |                               | _   | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |  |                               |     |                     |                        |        |                     |                        |
| AMENDMENT 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  |  | PRESENT<br>EXTRA              |     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **   |  | =                             |     | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                                      | ***  |  | =                             | ſ   | X \$ 100 =          |                        | OR     | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |  |                               |     | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
|  |  |   |  |  |  |                               | -   | TOTAL ADDIT.        |                        | OR     | TOTAL ADDIT.        |                        |

## BEST AVAILABLE COPY

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.